

This form may be completed online, printed and mailed to the address listed.

**APPLICATION
FOR APPOINTMENT TO THE
BOARD OF DENTISTRY
(DENTIST MEMBER)**

PLEASE PRINT OR TYPE

| | | | | |
|-----------------------------------------------------------------------------------------------------------------|------------------|-------------|-----------|--------------------------------------------|
| Name: | First | Middle | Last | Credentials (ie, DDS, etc., if applicable) |
| Mailing Address: | Street/Box/RR | | | |
| | City | State | Zip | |
| Are you a resident of the State of Nebraska? | | | | Answer Yes or No |
| Business Telephone: | | Cell/Pager: | | |
| Residence Telephone: | | FAX Number: | | |
| E-Mail Address: | | | | |
| Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings? | | | | Answer Yes or No |
| Please indicate how you became aware of this vacancy on this Board. | | | | |
| Professional Association | HHS R&L Web Page | | Newspaper | |
| Other (please explain): (Please use additional paper if space inadequate) | | | | |

ELIGIBILITY REQUIREMENTS

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Do you hold a current Nebraska license to practice as a dentist? | Answer Yes or No |
| Have you been actively engaged in the practice of dentistry in the State of Nebraska for the past five years? | Answer Yes or No |
| <i>(Statutes that regulate this Board require every professional member to have been actively engaged in the practice of their profession in the State of Nebraska, under a license issued in this state, for a period of five years just preceding appointment.)</i> | |
| Are you expecting to remain in active practice for the duration of the term if you are appointed? | Answer Yes or No |
| If no, please explain: (Please use additional paper if space inadequate) | |
| Provide the number of years you have been engaged in the practice of dentistry | |

EDUCATION

| School | Location | Degree/Specialty | Completed Date |
|--------|----------|------------------|----------------|
| | | | |
| | | | |
| | | | |

| DETAILED DESCRIPTION OF WORK EXPERIENCE AS A DENTIST WITHIN THE LAST FIVE YEARS IN NEBRASKA | | | |
|----------------------------------------------------------------------------------------------------|----------|---------|----------------------------------|
| Type of Experience | Location | From/To | Average Number of Hours Per Week |
| | | | |
| | | | |
| | | | |

| ADDITIONAL INFORMATION | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Describe your interest in dentistry and why you wish to serve on this Board. (Please use additional paper if space inadequate) | |
| <p>Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions?</p> <p style="text-align: right;">Answer Yes or No</p> | |
| If yes, please explain: (Please use additional paper if space inadequate) | |
| <p>Have you ever had your statutory ability to practice or clinical privileges suspended or revoked?</p> <p style="text-align: right;">Answer Yes or No</p> | |
| <p>Are you currently under investigation?</p> <p style="text-align: right;">Answer Yes or No</p> | |

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

Signature

Date

Return completed Application to: Joyce M. Novak, Administrative Assistant,
Nebraska Department of Health & Human Services Regulation and Licensure,
Credentialing Division, Nebraska State Office Building, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE
68509-4986
402/471-0182; FAX 402/471-3577

5/2005